Uniform Mitigation Verification Inspection Form

Maintain a copy of this form and any documentation provided with the insurance policy

Inspection Date: Feb 14, 2023			dea with the institute	<u> </u>
Owner Information				
Owner Name: Ocean View Manor			Contact Person:	
Address: 3600 S Ocean Shore Blvd			Home Phone:	
City: Flagler Beach	Zip: 32136		Work Phone:	
County: Flagler			Cell Phone:	
Insurance Company:			Policy #:	
Year of Home: 1986	# of Stories: 9		Email:	
NOTE: Any documentation used in valid accompany this form. At least one photog though 7. The insurer may ask additional	graph must accompan	y this form to validat	e each attribute marked	d in questions 3
Building Code: Was the structure built the HVHZ (Miami-Dade or Broward country)				for homes located in
A. Built in compliance with the FBC a date after 3/1/2002: Building Perm				mit application with
B. For the HVHZ Only: Built in comprovide a permit application with a d				
C. Unknown or does not meet the red				
2. <b>Roof Covering:</b> Select all roof covering OR Year of Original Installation/Replace covering identified.				
2.1 Roof Covering Type:	Application Date	FBC or MDC Product Approval #	Year of Original Installation or Replacement	No Information Provided for Compliance
1. Asphalt/Fiberglass Shingle	_/			
2. Concrete/Clay Tile	_/			
	_/			$\Box$
	_/			$\overline{\Box}$
		<del></del>	1986	
	_/			H
6. Other/_	_/			
<ul> <li>A. All roof coverings listed above m installation OR have a roofing permi</li> <li>B. All roof coverings have a Miamiroofing permit application after 9/1/2</li> <li>C. One or more roof coverings do not</li> <li>D. No roof coverings meet the requirements.</li> </ul>	t application date on o Dade Product Approva 1994 and before 3/1/20 of meet the requirement	r after 3/1/02 OR the real listing current at time 02 OR the roof is originate of Answer "A" or "E	oof is original and built in e of installation OR (for t inal and built in 1997 or l	n 2004 or later. he HVHZ only) a
3. <b>Roof Deck Attachment</b> : What is the we	akest form of roof dec	k attachment?		
A. Plywood/Oriented strand board (0 by staples or 6d nails spaced at 6" a shinglesOR- Any system of screw mean uplift less than that required for B. Plywood/OSB roof sheathing with	along the edge and 12's, nails, adhesives, other Options B or C below	' in the fieldOR- Barer deck fastening systew.	tten decking supporting v m or truss/rafter spacing	wood shakes or wood that has an equivalent
24"inches o.c.) by 8d common nails other deck fastening system or truss/a maximum of 12 inches in the field	spaced a maximum of rafter spacing that is so or has a mean uplift re	12" inches in the field hown to have an equivesistance of at least 10	IOR- Any system of scr alent or greater resistance 3 psf.	ews, nails, adhesives, e than 8d nails spaced
C. Plywood/OSB roof sheathing with 24"inches o.c.) by 8d common nails decking with a minimum of 2 nails p	spaced a maximum of	f 6" inches in the field	OR- Dimensional lumb	per/Tongue & Groove
Inspectors Initials JB Property Address			Flagler Bea	

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		crews, nails, adhesives, other deck fastening system or truss/rafter sance than 8d common nails spaced a maximum of 6 inches in the fie		
$\times$	D. Reinforced C	Concrete Roof Deck.		
	F. Unknown or			
Ш	G. No attic acce	SS.		
	eet of the inside or	nment: What is the <u>WEAKEST</u> roof to wall connection? (Do not incroutside corner of the roof in determination of WEAKEST type)	clude attachment of hip/valley jacks w	vithin
Ш		russ/rafter anchored to top plate of wall using nails driven at an an e top plate of the wall, or	gle through the truss/rafter and attach	ned to
	M	letal connectors that do not meet the minimal conditions or requirem	ents of B, C, or D	
Mi	nimal conditions	to qualify for categories B, C, or D. All visible metal connectors	are:	
	☐ Se	ecured to truss/rafter with a minimum of three (3) nails, and		
	th	ttached to the wall top plate of the wall framing, or embedded in the e blocking or truss/rafter <b>and</b> blocked no more than 1.5" of the truss prrosion.		rom
	B. Clips			
	=	letal connectors that do not wrap over the top of the truss/rafter, or		
		letal connectors with a minimum of 1 strap that wraps over the top cosition requirements of C or D, but is secured with a minimum of 3 m		ne nail
	C. Single Wraps	•	ians.	
	M	detal connectors consisting of a single strap that wraps over the to inimum of 2 nails on the front side and a minimum of 1 nail on the control of the contr		with a
	D. Double Wraj	ps		
	be	letal Connectors consisting of 2 separate straps that are attached to the eam, on either side of the truss/rafter where each strap wraps over the minimum of 2 nails on the front side, and a minimum of 1 nail on the	e top of the truss/rafter and is secured	
		letal connectors consisting of a single strap that wraps over the top of oth sides, and is secured to the top plate with a minimum of three nai		l on
$\boxtimes$	E. Structural	Anchor bolts structurally connected or reinforced concrete roof.		
닏	G. Unknown or			
Ш	H. No attic acce			
		nat is the roof shape? (Do not consider roofs of porches or carports the unenclosed space in the determination of roof perimeter or roof are		all of
	A. Hip Roof	Hip roof with no other roof shapes greater than 10% of the total roof total length of non-hip features: feet; Total roof system p		
$\times$	B. Flat Roof	Roof on a building with 5 or more units where at least 90% of the	main roof area has a roof slope of	
	C. Other Roof	less than 2:12. Roof area with slope less than 2:12 sq ft Any roof that does not qualify as either (A) or (B) above.	; Total roof areasq ft	
6. <b>Se</b>	A. SWR (also can sheathing or	Resistance (SWR): (standard underlayments or hot-mopped felts do a alled Sealed Roof Deck) Self-adhering polymer modified-bitumen refoam adhesive SWR barrier (not foamed-on insulation) applied as a m water intrusion in the event of roof covering loss.  undetermined.	oofing underlayment applied directly t	to the
Inspec	ctors Initials JB	Property Address 3600 S Ocean Shore Blvd	Flagler Beach	3212

<sup>\*</sup>This verification form is valid for up to five (5) years provided no material changes have been made to the structure or inaccuracies found on the form.

7. **Opening Protection:** What is the **weakest** form of wind borne debris protection installed on the structure? **First**, use the table to determine the weakest form of protection for each category of opening. Second, (a) check one answer below (A, B, C, N, or X) based upon the lowest protection level for ALL Glazed openings and (b) check the protection level for all Non-Glazed openings (.1, .2, or .3) as applicable. Non-Glazed **Opening Protection Level Chart Glazed Openings Openings** Place an "X" in each row to identify all forms of protection in use for each Windows opening type. Check only one answer below (A thru X), based on the weakest Garage Glass Entry Garage or Entry Skylights form of protection (lowest row) for any of the Glazed openings and indicate **Doors Block** Doors Doors Doors the weakest form of protection (lowest row) for Non-Glazed openings. Not Applicable- there are no openings of this type on the structure Α Verified cyclic pressure & large missile (9-lb for windows doors/4.5 lb for skylights) Verified cyclic pressure & large missile (4-8 lb for windows doors/2 lb for skylights) C Verified plywood/OSB meeting Table 1609.1.2 of the FBC 2007 Verified Non-Glazed Entry or Garage doors indicating compliance with ASTM E D 330, ANSI/DASMA 108, or PA/TAS 202 for wind pressure resistance Opening Protection products that appear to be A or B but are not verified Ν Other protective coverings that cannot be identified as A, B, or C No Windborne Debris Protection Х A. Exterior Openings Cyclic Pressure and 9-lb Large Missile (4.5 lb for skylights only) All Glazed openings are protected at a minimum, with impact resistant coverings or products listed as wind borne debris protection devices in the product approval system of the State of Florida or Miami-Dade County and meet the requirements of one of the following for "Cyclic Pressure and Large Missile Impact" (Level A in the table above). Miami-Dade County PA 201, 202, and 203 Florida Building Code Testing Application Standard (TAS) 201, 202, and 203 American Society for Testing and Materials (ASTM) E 1886 and ASTM E 1996 Southern Standards Technical Document (SSTD) 12 For Skylights Only: ASTM E 1886 and ASTM E 1996 For Garage Doors Only: ANSI/DASMA 115 A.1 All Non-Glazed openings classified as A in the table above, or no Non-Glazed openings exist A.2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings classified as Level B, C, N, or X in the table above A.3 One or More Non-Glazed Openings is classified as Level B, C, N, or X in the table above B. Exterior Opening Protection- Cyclic Pressure and 4 to 8-lb Large Missile (2-4.5 lb for skylights only) All Glazed openings are protected, at a minimum, with impact resistant coverings or products listed as windborne debris protection devices in the product approval system of the State of Florida or Miami-Dade County and meet the requirements of one of the following for "Cyclic Pressure and Large Missile Impact" (Level B in the table above): ASTM E 1886 and ASTM E 1996 (Large Missile – 4.5 lb.) SSTD 12 (Large Missile – 4 lb. to 8 lb.) For Skylights Only: ASTM E 1886 and ASTM E 1996 (Large Missile - 2 to 4.5 lb.) B.1 All Non-Glazed openings classified as A or B in the table above, or no Non-Glazed openings exist B.2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings classified as Level C, N, or X in the table above B.3 One or More Non-Glazed openings is classified as Level C, N, or X in the table above C. Exterior Opening Protection- Wood Structural Panels meeting FBC 2007 All Glazed openings are covered with plywood/OSB meeting the requirements of Table 1609.1.2 of the FBC 2007 (Level C in the table above). C.1 All Non-Glazed openings classified as A, B, or C in the table above, or no Non-Glazed openings exist C.2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings classified as Level N or X in the table above C.3 One or More Non-Glazed openings is classified as Level N or X in the table above Inspectors Initials JB Property Address 3600 S Ocean Shore Blvd Flagler Beach 3212€

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N. Exterior Opening Protection (unverified shutt protective coverings not meeting the requirements o	of Answer "A", "B", or C" or s		
with no documentation of compliance (Level N in the N.1 All Non-Glazed openings classified as Level A, B,	,	Non Glazad openings exist	
N.1 All Ivon-Glazed openings classified as Level A, B,  N.2 One or More Non-Glazed openings classified as Le		· -	the
table above			
N.3 One or More Non-Glazed openings is classified as	Level X in the table above		
X. None or Some Glazed Openings One or more G	Glazed openings classified and	Level X in the table above.	
MITIGATION INSPECTIONS MUS Section 627.711(2), Florida Statutes, p			
Qualified Inspector Name: John Banks	License Type: General Contractor	License or Certificate #: CGC1515728	
Inspection Company: Coastal Home Inspections	1	Phone: 386-566-0963	
Qualified Inspector – I hold an active license a	ns a: (check one)		
Home inspector licensed under Section 468.8314, Florida St training approved by the Construction Industry Licensing Bo	catutes who has completed the state		n
Building code inspector certified under Section 468.607, Flo  General, building or residential contractor licensed under Sec			
Professional engineer licensed under Section 471.015, Floric			
Professional architect licensed under Section 481.213, Floric		ii 4	
Any other individual or entity recognized by the insurer as p verification form pursuant to Section 627.711(2), Florida Sta		ions to properly complete a uniform mitigation	DΠ
Individuals other than licensed contractors licensed und			
under Section 471.015, Florida Statues, must inspect the Licensees under s.471.015 or s.489.111 may authorize a			<u>S.</u>
experience to conduct a mitigation verification inspection		ses the requisite skin, knowledge, and	
John Ponko		ed the inspection or (licensed	
(print name)		tu the hispection of tucuseu	
contractors and professional engineers only) I had my en		perform the inspection	
and I agree to be responsible for his/her work.	(print nam	e of inspector)	
	ally signed by John Banks :: 2023.02.10.09:20:51	14, 2023	
An individual or entity who knowingly or through gross		or fraudulent mitigation verification fo	orm is
subject to investigation by the Florida Division of Insur			0111110
appropriate licensing agency or to criminal prosecution		_	
certifies this form shall be directly liable for the miscon performed the inspection.	duct of employees as if the a	uthorized mitigation inspector persona	illy
performed the inspection.			
<u>Homeowner to complete</u> : I certify that the named Qual residence identified on this form and that proof of identific	-	1 1	
Signature:		-y	
Signature.	Date		
An individual or entity who knowingly provides or utte obtain or receive a discount on an insurance premium t of the first degree. (Section 627.711(7), Florida Statutes	to which the individual or en		
The definitions on this form are for inspection purposes as offering protection from hurricanes.	s only and cannot be used to	certify any product or construction fea	ature
Inspectors Initials JB Property Address 3600 S Oc	ean Shore Blvd	Flagler Beach	3212
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inaccuracies found on the form.



FRONT



RIGHT



CONCRETE ROOF DECK



REAR



LEFT

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| Notice that the property is a second of the property of the
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SIGNATURE PAGE